EQMI/PROVIDER STAFF MEETING

AUGUST 29, 2008
9AM – 10:30AM
CVH – MERRITT HALL – LEE AUDITORIUM

Welcome

Jim welcomed everyone and made introductions of EQMI/ISD/HCS staff in attendance. (Karin Haberlin, Mike Hettinger, Jeff Johnson, Kristen Miller, JoAnn Novajovsky, Maria Cabrera, Karen Oliver-Jallow, Bill Campbell, David Weathers,Wayne Starkey, Sue Tharnish)

Consumer Survey

Status: we are close to a final draft. There were over 24,000 respondents. Jim expects the report to be available in the next 30 days. Survey packet for 2009 should be sent out soon.

Looking at the next survey: QOL

Should it be used in the coming year?

Comments:

- Dave Avila indicated his agency was a 20% decrease in completed surveys due to the extra length
- There were 13,000 QOL respondents – an estimated 90% or more completion rate
- Might help to use 2 different packets to break it up into smaller chunks
- Took a lot of staff time—may require even more if in different packets
- Thought it wasn't going to be used every year anyway
- What is happening with the data
- Not as helpful when lowest level of analysis is the Agency – program level is best

Jim noted that the QOL report will be separate from the CS report and that the intent of the information is to monitor not to punish.

Comments regarding the QOL:

- QOL measure is a good thing, but there are concerns about the questions: #, sensitivity, etc
- Wasn't understood at first that it was not mandatory
- Provider fear is that they will be expected to make changes in all aspects of a client's life
- Clients may expect this, but the provider has no resources to do this

[Jim noted that the QOL is not intended to be forced on Providers, but used as a way to inform and identify areas that are causing problems for clients. He understands the Providers' concerns.]

- Providers are interested in this information
- Clients who actively participated embraced it as a positive experience
- Some Providers used a Peer Group setting to collect the information

- An Agency who did not use it this time is interested in using it somehow- perhaps at admission and discharge
- Might be good to look at QOL by LOC as LOC can significantly affect outlook
- Format may need to be changed – some people just circled all one number to get it done – brings the validity of the data into question
- A factor analysis could be done to determine which questions are really impacting the domain and then shorten to those questions

Comments regarding the QOL and Consumer Survey

- One Provider noted that when clients get asked the same questions over and over, they begin to respond more neutrally, which end up hurting the program/agency overall rating
- A Consumer Advisory Council felt the QOL was intrusive
- Many clients need individual assistance to complete the questionnaire, which ties up a lot of staff time
- Providers wanted to know if they could get the surveys earlier (July) so they are not a full quarter behind in October in meeting their sample size. Miss clients who are already discharged
- A Peer Support group didn't want to use the QOL survey, so that agency didn't use it. They noted that there are questions that refer to earlier programs in the treatment span and many clients don't often remember that far back. Again, this may cause the validity of the data to be questioned at least for these questions
- Providers have difficulty in meeting sample size requirements
    - Particularly an issue for smaller programs
    - Also issue for low turn-over programs
- It was also mentioned that this only represents a point-in-time, that is if data collected in Feb, only clients active in Feb will be represented, not all the other clients who may have already left or will come into the provider. This isn't represented by the annual unduplicated client count that is used to calculate sample sizes

[Jim said that he would consider revisiting the sampling method. One suggestion was to base it on one quarter's worth of clients.]

- When people do multiple surveys across programs, it skews the data
- The confidence interval should be based on capacity not on annual number of unduplicated consumers
- There needs to be some sensitivity to the sheer number of surveys the clients are asked to complete – have survey fatigue

[Jim noted that the timing of the survey and other DMHAS surveys needs to be addressed]

- Providers are concerned about the impact of neutral responses. Minakshi had said that they would not count against them, but what is the real impact?
- It was noted that some clients circle the neutral answer instead of N/A, especially in the Outcome and Recovery domains where the questions/concepts are more difficult. Very clear instructions need to be developed for this

- Look at the data from the Dissatisfied perspective—who are unhappy and why. What can we learn from this information

[Karin asked is focus groups with clients would be an acceptable alternative for the QOL. Seemed like it would be for many, but has issues with confidentiality and how to handle those who need a lot of assistance. An electronic version (SurveyMonkey) may be a good alternative.]

Data Quality Visits

- Jim described the DQ visits as helpful and useful. Many providers responded to the meetings, while others are still struggling.
- The next phase will focus on those providers who are still having trouble.

Regional Quality Trainings

Jim announced that EQMI would be interested in holding regional quality training sessions and asked for feedback and suggestions for topics.

- Providers liked the idea of regional trainings
- Suggested the DQ calls also be set up that way instead of alphabetically
- See it as an opportunity to find out how others collect data and interface with EQMI
  - Submission of voc info and co-occuring were examples
- Reports: based on admission and discharge, but recovery models don't work this way – there is a lot of important stuff that happens in the interim

[Jim noted that there is a balance that needs to be struck – need more info to get a fuller picture, but what is the impact of this on Providers? Our intent is to collect more information on a regular basis, but work to streamline what is required from Providers by coordinating with others who collect the same information. We may have to identify key elements that need more frequent review. Adding 3 & 6 month data collection would give a lot more information, but some providers struggle to just get admit and discharge info to us. He warned to be careful what you wish for.]

Other Topics:

- How can data be useful to Managers (noted that DMHAS training is impossible to get into)
- What reports are useful and how often (when) to look at them
- What reports are available for quality checks and how to use that information
- TCM information
- Training for non-data managers
- Recidivism rates

Other Comments:

- DQ calls are very useful
- Would help to be forewarned about new things

- What are ways to consolidate data collection mechanisms – ways to get systems to cross-talk to avoid having to enter data into multiple systems

[Jim noted that the new DPAS is working to minimize the burden of data collection.]

Technical/Help Desk Issues

There was some confusion about the need for tokens. David Weathers and Bill Campbell from ISD were present to address these issues.

- The web-based system is not as secure as it should be (needs 2-level login)
- Web system is overloaded with use
- Needs a back up system
- There is a patch for Vista users
- Every new user will get a token, but will still access via the web – this provides the 2-level login security ***NOTE:*** *Current users may also need to acquire tokens. Call numbers below to be certain.*
- Old tokens will work, so keep them
- Ask for one token per person
- For problems call 860-418-6644 #4 or 418-6470

To try to reduce confusion, it was explained that ISD handles the technical issues part of the Help Desk, while EQMI handles the data issues

To add new programs, Addiction/PNPs should work with their Regional Managers and MH/SO should work with the Local LMHA. All can call Sue Tharnish at 418-6975

Additional discussions were held privately to discuss coding discharges for supportive housing programs

Important Issues in the Coming Year

- DMHAS will be looking at clients who are listed as active but have had no services
- Focus is on clean data for admissions and discharges to aid accurate reporting
- Report cc842 and WebSAS report 840 will help Providers determine how they are doing

  Related issues identified:
  - BHIS data overwrites DPAS